

that some are more suitable for certain kinds of patients (for example, those with large varicosities or obese legs), and patients may have personal preferences. It is unlikely that most specialists will offer all the possible treatment modalities, but they ought to be able to give good advice about treatment choices and to provide a range of options. The table shows some of the considerations that may guide the choice of treatment.

Uncertainties and the need for further research

The most important studies required are randomised comparisons of the different treatments with good long term follow up—in particular, comparison of foam sclerotherapy with conventional surgery. It will be several years before long term (≥ 10 years) data are known for the newer treatments. Studies need to include economic modelling which will help to guide the way services are delivered: for example, are repeated outpatient treatments with foam sclerotherapy more cost effective than a single operation under general anaesthesia for bilateral varicose veins? Meanwhile, specialists will need to advise patients as objectively as they are able about choices of treatment and to audit their own results as thoroughly as they can.

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A memorable case

Can we learn anything from Monty Python?

I would like to relate a valuable lesson that I learnt about communication. One day I went to review a patient in HDU (high dependency unit) to be told that he had arrested in recovery. I asked the staff nurse rather dejectedly, "Did he not make it then?" "No, he didn't make it," she replied.

I dutifully presented his death at our morbidity and mortality meeting before heading down to write his death certificate in ITU (intensive therapy unit) and inform the procurator fiscal. Imagine my surprise to see the patient sitting up in bed in ITU. I mumbled something about thinking he was dead, to which the ITU sister laughed, "He's not dead—he's getting better."

I immediately returned to HDU and asked why I had been told that he had died. The nurse said that she had said nothing of the sort, only that "he didn't make it ... to HDU. He went to ITU instead."

As anyone who has seen a certain sketch about a certain unwell parrot¹ will know, we have far too many euphemisms for death. The lesson was clear: communication skills are vital, but at least make sure you are communicating about the same thing first.

My patient unfortunately deteriorated and died the next week. He is still the only patient who has required two deaths to be discussed at our morbidity and mortality meeting.

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- 1 The pet shop sketch from *And Now For Something Completely Different*. www.geocities.com/Area51/Cavern/1510/petshop.html (accessed 30 Mar 2006).